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ABSTRACT

The major purpose of this study was to develop a reliable observation instrument to code parent-caregiver communication as it occurs when children are dropped off and picked up at day care centers. The Parent-Caregiver Communication Checklist (PCCC) was designed as an observation tool to assess informal communication between parents and caregivers or directors in day care centers. The instrument contains content and structural components, with the latter assessing frequency, duration, and responsibility in communication. Other features of the PCCC include ratings of setting and tone of communication, a coding manual, and an observer training program. Pilot testing at four centers revealed reasonable pre- and in-field data collection reliability, and moderate to high retest reliability for most dimensions of the measure. This report: (1) provides a literature review of parent-caregiver relations; (2) describes the development of the instrument, observer training, and data collection; (3) reports findings concerning the observer and retest reliability of the checklist; and (4) discusses findings. The report contains citations of 51 references, and, in the appendices, the PCCC coding manual and an outline of the observer training program. (RH)

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DEVELOPING AN INSTRUMENT TO
ASSESS PARENT-CAREGIVER COMMUNICATION
DURING MORNING AND AFTERNOON TRANSITION TIMES
IN DAY CARE CENTERS

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July 1986

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Abstract

The Parent-Caregiver Communication Checklist (PCCC) is designed as an observation tool to assess informal communication between parents and caregivers (or directors) in day care centers. The PCCC contains a content and a structural component, the latter assesses frequency, duration and responsibility of a communication. Other features include setting and tone of communication ratings, as well as a coding manual and an observer training program. Pilot testing within four centers established reasonable pre-and infield - data collection reliability and moderate to high retest reliability for most measures.

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I. INTRODUCTION

The rapid growth in out-of-home child care, particularly for children under six, has spawned a new area of research for child and family developmentalists. To date, much of the child-care research has focused on children, rather than including other family members as well. Increasingly, however, interest has emerged in studying behavior on a "meso" level (Hill, 1981), for example, as the family interacts with the child care system.

One element of this type of interaction that has received scant attention thus far is the parent-caregiver relationship. The major purpose of the present study was to develop a reliable observation instrument to code parent-caregiver communication as it occurred during morning "drop-off" and afternoon "pick-up" transition times. A secondary purpose was to obtain preliminary descriptive information on these transition interactions in four proprietary programs serving both infants/toddlers and preschoolers.

Parent-Caregiver Relationships: Literature Review

In examining parent-caregiver relationships, two questions immediately arise: (a) in what ways do parents and caregivers build relationships, and (b) of what significance

are these relationships to the children and to the parents and caregivers as well? In reference to the first question, Kantor and Lehr (1976), using a systems perspective, suggested that members of the two systems (in this case the day care center and the family) interact to determine what they can gain from and/or transmit to the other system. This interaction experience is part of the process by which parents and caregivers define their roles in a newly formed "unit."

One issue of concern related to this process of information exchange and role definition is continuity between home and day care settings (Bronfenbrenner, 1977; Endsley & Bradbard, 1981; Powell 1977, 1980). That is, is information shared to reconcile differences between settings for the child? Some authors suggest that parents and caregivers are more likely not to reconcile differences (Fein & Clarke-Stewart, 1973; Smiciklas-Wright, Peterson & Peters, 1979).

The second major question surrounds the impact of parent-caregiver interaction on the child, the care setting, and the family. Most of the existing research has dealt with impact on the child, although there are limited studies of how parent involvement programs affect the school setting (e.g. Gordon, 1979) and the family (e.g. Mowry, 1972; Stearns & Peterson, 1973). With respect to the effect of parental involvement on the child, Revicki (1981) suggested a social learning approach would expect the child's cognitive

abilities to be associated with: a) parental expectations for achievement and b) the quality of intellectual stimulation and reinforcement provided in the home. This family learning theory has been supported in numerous studies of parent involvement programs on both the preschool (Bronfenbrenner, 1974; Goodson & Hess, 1975) and the elementary level (Henderson, 1981; Leler, 1983; Mayeske, 1973). The conclusion is that formal parental involvement is clearly associated with gains in achievement performance by the child. Most of the reviewed programs (e.g. Head Start, Follow-Through) have focused on improving the parents' role as teachers of their children. Few of these parental involvement programs, however, arrange informal face-to-face discussions between parents and teachers (Burns, 1982; Delaragno, Keesling, Lyons, Robbins, & Smith, 1981).

So, even though formal parental involvement research has blossomed within the last decade, there has been only limited investigation of parent-caregiver communication effects *per se* (Handler, 1971; Pink, 1981; Powell, 1977; Sinclair, 1982; Winkelstein, 1981; Zigler & Turner, 1982). Yet, from all indications, it is at this level of informal dyadic communication that most interaction occurs (Pink, 1981; Powell, 1977; Sinclair, 1982). This may be particularly likely in proprietary day care centers where only a minority of parents (32% i.e., in the National Day Care Study surveys, Ruopp, Travers, Glantz, & Coelen, 1979) formally involve themselves to some degree in their child's program.

Current research on parent-caregiver communication has been exploratory and has primarily focused on the use of communication as a means of socializing the child. Topics of investigation have been content, frequency, and types of communication (Pink, 1981; Powell, 1977; Sinclair, 1982; Winkelstein, 1981). Satisfaction with parent-caregiver communication has also been an issue of concern. For example, considerable dissatisfaction with frequency and content of communication was reported both by parents (50%) and caregivers (72%) in Powell's (1977) study, which has been the most in-depth investigation of parent-caregiver relations thus far. Additionally, Winkelstein (1981) has investigated the relation between types of day care/family interaction and parental satisfaction with the center. Pink (1981) has reflected parental satisfaction by mapping the social networks of parents and caregivers, and Sinclair (1982) investigated parental "comfortableness" in leaving their child in day care.

Bronfenbrenner's (1979) analysis of child care settings provides some ideas as to why parent-caregiver communication can have a positive impact on child development. He proposes that the number of supportive links, for example, in the form of shared activities, two-way communication, and information provided in each setting about the other, improves the developmental potential of child-rearing settings. Perhaps informal two-way communication, one element in providing support in child-care programs, influences development

similar to formal parental involvement methods. Thus far, however, we have no evidence of the impact of informal parent-caregiver communication on child and family functioning.

In fact, the available research is itself limited on methodological grounds. Specifically, all but two studies have depended on self-report methods. The two exceptions include a simple time-spent-in-the-center analysis (Zigler & Turner, 1982), and an observational study of the occurrence of social, informational, and decision-making communication (Winkelstein, 1981). Therefore, in the present study to advance our means for studying parent and caregiver roles in information exchange, an observational methodology was developed and field tested by coding informal communication exchanges between parents and caregivers in child-care settings.

Restatement

In summary, the use of day care as a support system for the family is increasing, yet not much is known about how parents and caregivers manage relations on the dyadic level or about how they use two-way communication as a supportive link between home and center. Previous studies have been limited in number and are primarily self-report in nature. Also, limited attention has been focused on the proprietary day care center and the possible influence of the child's age on parent-caregiver communication. Therefore, the major purpose of the present study was to develop a reliable

instrument to investigate parent and caregiver roles in information transfer as communication occurred on a day-to-day basis during drop-off and pick-up times. A secondary purpose was to obtain pilot data to answer the following questions about proprietary day care settings: (a) to what degree do parents and caregivers utilize the access they have to each other as the child leaves one setting (home or center) and enters the other? (b) who takes responsibility for the communication? (c) what content is conveyed? and (d) how is communication related to the age of the child?

II. Method

Phase I: Instrument Development and Observer Training

The content items, the structural component, and the process of coding (see Figure 1 and Part V of Appendix A) were all initially constructed based on the literature. They then underwent revision and refinement after consultation with experts and field-testing in four types of child-care settings by independent observers. For more information see Part III of Appendix A.

The resultant "Parent-Caregiver Communication Checklist" (Figure 1) is an evaluative research tool consisting of two basic parts, a content and a structural component. The content component is self-evident as identified by the checklist items. The sub-areas include: a) routine conversations and b) substantive conversations -- child, adult, and home/family focused topics. The goal of the content area is to determine what specific topics are discussed during transition times. Descriptions and examples of the content categories can be found in Part V, Section B of Appendix A. Additionally, the usefulness of the content discussed in each parent-caregiver interaction is assessed on a 5-point scale ranging from not useful (1) to extremely useful (5).

Observation Number: _____

CODING KEY FOR SUBSTANTIVE CONVERSATIONS

- I initiates
 C inclusion of child
 GS, AS gives suggestion, asks for suggestions
 GE, AE gives evaluation, asks for evaluation
 GI, AI gives information, asks for information
 H or D home or day care (use under child-focused conversations only)

CODING KEY FOR ROUTINE CONVERSATIONS

- I initiates
 C inclusion of child
 if occurs

			Child - M F	Parent - M F	(1)	Caregivers	(2)
ROUTINE		Greeting					
		Small talk					
		Routine matters					
		General center information					
SUBSTANTIVE CONVERSATIONS	CHILD	Child's day at the center (gen)					
		Child's program					
		Child's development					
		Child's relations w/others (neu)					
		positive					
		negative					
		Child's general behavior (neu)					
		good					
	ADULT	bad					
		Discipline					
		Additional childrearing					
		Child medical and health					
		Other children					
		Job/school					
		Financial affairs					
		Marriage relationship					
HOME/FAMILY		Caregiver-parent relations					
		Friendship					
		Adult activities in center					
		Adult activities outside center					
		Adult medical and health					
		Family relationships					
		Child's home life					
		Family/child activities outside center/home					
		Other (list)					

PARENT-CAREGIVER COMMUNICATION CHECKLIST

Observer # _____ Date _____
 Center # _____ Age Group: Y O
 Day: M T W Th F Time: AM PM
 DURATION Overall Initiator: P C1 C2 D

Conversation: _____

USEFUL INFORMATION RATING:
 1 2 3 4 5 6
 (not) (very) (can't tell)

SETTING DESCRIPTION:

A. B. C. D.
 E.

TOPE OF INTERACTION:

A. B. C. D. E.

SETTING DESCRIPTION

A. Caregiver Availability

1. free to communicate
2. "minor" responsibilities
3. busy, but pauses to converse
- 4a. "tied-up" with children
- 4b. "tied-up" with adults
5. other (explain)

B. Location of Communication

1. within own age group area
2. hallway or area leading to age group areas
3. in other age group areas
4. near entrance way of building
5. other (explain)

Note: If no communication occurs, rate: B. location of parent
 B. location of caregiver

C. Center Atmosphere

1. quiet, calm, relaxed
2. average noise and activity level
3. noisy, hectic or rushed
4. other (explain)

D. Type of Day (at present time)

1. average, normal happenings
2. unusual incident, or special occasions

TOPE OF INTERACTION:

rate as 1, 2 or 3

- A. spontaneous -controlled
 B. warm, friendly-cool, distant
 C. relaxed -anxious, tense
 D. comfortable -uncomfortable
 E. informal -formal

Figure 1. Parent-Caregiver Communication Checklist

The structural component is discussed in more detail since it is embedded in the coding system and is not as readily visible. The structure of parent-caregiver communication has been defined for the purposes of this study as frequency, duration, and assumption of responsibility for communication. Responsibility for communication, in turn, consists of three basic elements: (a) who's involved in the conversation, (b) who initiates discussion of content topics, and (c) who gives or asks for suggestions, opinions, and/or information. The last element mentioned, "gives or asks," was adapted from the widely used Interaction Process Analysis System (Bales, 1950; Borgatta & Crowther, 1965). The goal of the structural component is to determine parent and caregiver roles in the transfer of content. The structural component is further explained in Part V, Section C of Appendix A.

An additional feature of the checklist assesses the setting in which communication occurs. Recorded as setting descriptors are the location of communication (i.e., in children's room, hall, outside) and type of day (usual, unusual). Rated on 3-point scales are five tone-of-communication categories: a) spontaneous-controlled, b) warm-cool, c) relaxed-tense, d) comfortable-uncomfortable, e) informal-formal. Further, center atmosphere is assessed on a 3 point scale (1 = quiet, calm, and relaxed, 3 = noisy, hectic, and rushed). Finally, the caregiver's availability to communicate with the parent is rated on a 4-point scale ranging from free to communicate (1) to tied-up with

children/adults (4).

The next step involved training eight undergraduate students in child-related courses of study as observers. The training program involved approximately 20 hours of instruction, practice, and reliability checks conducted by the investigator. For details about training procedures see Appendix B. Observer reliability was also computed for 12 parent-caregiver interactions (1 day care center visit) per observer during data collection.

Phase II: Data Collection

Centers and subjects. Parents, caregivers, directors, and centers were all considered as subjects in this study. More specifically, units of analysis were parent and caregiver (or director) scores, as well as summary scores for each center. Eight local, licensed proprietary day care centers serving both infants/toddlers and preschoolers were studied; four were used to obtain retest observation data. The demographic characteristics of the eight centers are presented in Table 1, with centers 1-4 representing those that were studied in greater detail. As indicated in Table 1, two of the four centers studied more extensively were large, one was moderate, and one small. All but the smallest center was located in a city of approximately 60,000 residents. As is evident from Table 1, the majority of the families using the centers were white and intact, and approximately 30% were lower class while 70% were middle class. Of the 13 caregivers in center 1-4 responsible for

Table 1

Demographic Data for Day Care Centers 1-8

	Center								M
	1	2	3	4	5	6	7	8	
Location ^a	U	U	R	U	R	U	U	U	
Average cost/ child in dollars ^b	36	38	28	40	30	35	36	25	33.5
Caregiver-child ratio ^c									
infants	2:11	2:11	00	1:6	00	00	2:12	00	
toddlers	1:12	2:17	1:6	4:32	1:7 ^d	2:14 ^d	2:17	00	
preschoolers	1:16	4:64	1:15	2:40	1:16	1:14	2:23	2:22	
Number of children	60	116	21	140	23	73	85	22	67.5
Number of families	52	102	18	125	19	69	60	20	58.1
Single parents (%)	15	18	00	30	00	NA	NA	90	13.7
Family ethnic background (%)									
white	87	44	100	74	79	84	57	00	66.0
black	08	49	00	02	21	15	30	100	23.4
other	06	07	00	29	00	01	13	00	10.5
Family SES (%)									
lower class	21	60	77	02	74	30	42	95	36.3
middle class	78	40	22	98	26	70	58	05	63.7

^aR=rural; U=urban. ^b1983 dollars. ^cIn observed age groups. ^dInfant and toddler groups are combined.

children during transition times, 10 were white and 3 were black. All center directors were white.

Procedures. Reliability checks were made on the observers during pre-data collection (Phase I) and during the course of the field study (Phase II) using all eight centers. Two observers with high reliability levels during practice sessions served as reliability checks during the actual data collection. Observers were also re-calibrated after completing approximately half of their observations by reviewing their coded checklists with the investigator, who acted as a coding standard. The investigator did not collect observational data and the observers, parents, and caregivers remained blind to the hypotheses and the purposes of the study. For the purposes of informed consent, day care center directors were informed of the study's focus and procedures. For more detail on reliability procedures see Part IV of Appendix A. Test-retest reliability data were collected on a center level by revisiting four of the centers during the week following initial observations using the same scheduling pattern of days and times.

Informed consent, general center information and family demographic data were obtained by the investigator during a semi-structured interview with the center director. The director was asked to estimate the number of families served, their ethnic background, educational level, and occupational position. Each center was then visited two times, generally within the following week. In four centers, two additional

visits were scheduled on the same days and at the same times as visits one and two for retest purposes. In all centers, trained observers followed the procedures outlined in the coding manual (see Appendix A) and collected interaction data as parents entered the facility during the morning drop-off period (generally 7:30-8:30 a.m.) and the afternoon pick-up period (generally 4:00-5:30 p.m.). The days and order of times (a.m. or p.m.) for the first two visits were assigned randomly within the constraints of center and observer schedules.

Parent-caregiver/director interactions were coded on an as available basis (as parents entered the center) until six interactions per age group per visit were collected. The two groups of interest were parents and caregivers of infants/toddlers (Range = 1.5 - 35 months) and preschoolers (Range = 3 - 5 years). In the four centers of primary interest, a total of 96 interactions (6 interactions x 2 age groups x 4 centers x 2 visits) were collected, not counting the retest data (an additional 96 interactions) or the observer agreement data (an additional 48 interactions). In centers 1-4, the 12 interactions collected per center visit (6 interactions x 2 age groups) represented from 13% to 75% ($M = 21\%$) of the total number of potential interactions that could have been expected to occur during any one transition time period. This estimate is based on the assumption that all children had been brought to their respective centers by their parents on the days that the data were collected.

III. Results

Observer Reliability

Phase I Pre-data collection reliability. The mean percent of agreement between the eight observers under training and the investigator (as the standard) during the pre-data collection period is presented in column one of Tables 2 and 3. As indicated, observers-in-training agreed with the standard from 43% to 100% of the time, depending on category ($\bar{M} = 71\%$).

As can be surmised from Tables 2 and 3, exact agreement between observers was higher on the dichotomous variables than on the continuous variables; i.e., the mean percents of agreement were 79% and 65% respectively. This is to be expected since there were 3 to 5 different score possibilities on the continuous measures (see Method), while only two in the case of the dichotomous measures. Although some of the reliability scores for the continuous variables fall below conventionally acceptable levels of agreement (e.g., 70% or better), a closer examination of the continuous data, reveals that the average disagreement in ratings over all categories was only .4 of a point (Range = 0 to .8).

Phase II: In-field data collection reliability. The mean percent of agreement between the observer standard and

observers across the observation categories are presented in columns two and three of Tables 2 and 3. As indicated, reliabilities across the dichotomous variables for the 4-center and 8-center sets ranged from 71-100% and 75-100%, respectively ($\bar{M}$'s = 81% and 84%, respectively). Again, reliabilities for the continuous variables were slightly worse; ranging from 43-90% and 52-93% for the 4-center and 8-center sets, respectively ($\bar{M}$'s = 68% and 73%, respectively). The average disagreement between observers over all continuous data categories was only .3 of a point (Range = .1 to .6).

For both the dichotomous and continuous variables, reliability assessments improved over time, with average improvements of 5% and 9%, respectively. A closer inspection of reliability levels for the effect of training practice or use (see Table A-1) reveals improvement over time in recording and coding ability for 7 of the 8 observers.

Retest Reliability

The stability of the 4-center data was analyzed at each age-group level by obtaining one-week retest measures for the two age groups in each of the four centers (making a total of 8 groups). Estimated stabilities were obtained both by inspection of the means for each group at test and retest and by correlating the eight pairs of scores for each observation measure. These data are presented in Tables 4-13. For purposes of organization, the results on those measures that appeared to be particularly stable both from

Table 2

Mean Percent of Agreement by Categories Between Observers
Dichotomous Variables

Category	Phase		
	I	II	
	Pre-Data Collection ^a	In-Field 4-Centers ^b	In-Field 8-Centers ^c
Overall initiator of communication	86	83	85
Initiator of individual content topics	75	73	79
Adults involved in communication	63	73	75
Inclusion of child in conversation	83	83	89
Content topic	74	73	82
Communication structure			
primary caregiver (C1)	78	80	78
secondary caregiver (C2)	72	83	85
director (D)	NA	88	86
parent (P)	77	71	79
Day care or home focused conversations	87	83	81
<u>Type of day at center</u>	<u>92</u>	<u>100</u>	<u>100</u>

^aMean number of interactions per observer for pre-data collection=9.8; Range=6-16. ^bMean number of interaction per observer for in-field data collection=10.8; Range=5-12.

Table 3

Mean Percent of Agreement Between Observers:Continuous Variables

Category	Time		
	Pre-data collection ^a	In-field 4-centers ^b	In-field 8-centers ^c
Duration of conversation	60	81	85
Useful information	67	90	89
Caregiver availability	75	55	65
Center atmosphere	74	43	52
Location			
Conversation	75	90	93
Caregiver ^c	87	71	73
Parent ^c	100	53	58
Tone			
Spontaneous/controlled	43	60	68
Warm/cool	51	60	68
Relaxed/anxious	54	70	76
Comfortable/uncomfortable	46	73	80
Informal/formal	44	73	73

^aMean number of interactions per observer for pre-data collection = 9.8; Range = 6-16. ^bMean number of interactions per observer for in-field data collection = 10.8; Range = 5-12. ^cLocation of caregiver/parent in no interaction situations.

Table 4

Percentage of Communication Occurrence Between Parents and
Center Staff

Center	Time	
	1	2
1		
Infants/toddlers	100	91
Preschoolers	83	83
2		
Infants/toddlers	100	92
Preschoolers	42	67
3		
Infants/toddlers	92	75
Preschoolers	33	58
4		
Infants/toddlers	82	83
Prechoolers	100	92

Note. Mean number of interactions per age group = 9.3 (Range = 4-12). Pearson correlation of Times 1 and 2, $r=.93$, $p<.01$.

Table 5

Communication Duration in Seconds

Center	Time	
	1	2
1		
Infants/toddlers	35	31
Preschoolers	24	19
2		
Infants/toddlers	58	25
Preschoolers	77	55
3		
Infants/toddlers	44	23
Preschoolers	33	22
4		
Infants/toddlers	13	11
Preschoolers	30	15

Note. Range in duration = 3 seconds to 3 minutes. Mean number of interactions per age group = 9.3 (Range = 4-12). Pearson correlation of Times 1 and 2, $r=.87$, $p<.01$.

Table 6

Mean Ratings on Communication Tones A-E

Center	A. Spontaneous/ controlled		B. Warm, friendly/ cool, distant		C. Relaxed/ anxious, tense		D. Comfortable/ uncomfortable		E. Informal/ formal	
	Time		Time		Time		Time		Time	
	1	2	1	2	1	2	1	2	1	2
¹										
Infants/toddlers	1.9	2.2	1.7	2.0	1.9	2.1	1.9	2.0	1.9	2.0
Preschoolers	2.0	1.9	1.9	1.8	1.9	1.8	2.0	1.9	1.9	1.9
¹										
Infants/toddlers	1.5	1.9	1.5	1.7	1.6	1.8	1.5	1.8	1.6	1.8
Preschoolers	1.8	1.9	1.8	1.8	1.6	1.8	1.8	1.8	1.8	1.8
³										
Infants/toddlers	1.3	1.1	1.4	1.2	1.3	1.6	1.3	1.2	1.8	1.2
Preschoolers	1.3	1.3	1.0	1.3	1.0	1.4	1.3	1.1	1.0	1.1
⁴										
Infants/toddlers	1.4	1.5	2.0	1.3	2.0	1.6	1.9	1.6	1.8	1.4
Preschoolers	1.8	1.6	1.8	1.8	1.9	1.8	1.8	1.8	1.5	1.3

Note. Each communication tone was rated on a 3-point scale, in which the most positive ratings (i.e., spontaneous, warm, relaxed, comfortable and informal) would be scored a 1 and the least positive ratings (i.e., controlled, cool, anxious, uncomfortable, formal) would be scored a 3. Mean number of ratings for any one center by age group = 11.6 (Range 11-12). Pearson correlation of Times 1 and 2, Tone A $r = .80$, $p < .05$; Tone B $r = .45$, NS; Tone C $r = .66$, NS; Tone D $r = .83$, $p < .05$; Tone E $r = .65$, NS.

visual inspection and from the correlational results ($r's > .75$) are discussed first, followed by the results on measures that, while more moderately correlated across the two time periods ($r's = .40-.75$), nevertheless appeared to be quite consistent in mean performance level across the two time periods. Finally, presented last, are measures that from both visual inspection and correlational analysis ($r's < .40$) appeared to be unstable.

Measures showing high stability. As indicated in Tables 4 and 5, the percentage of parents observed to communicate with their caregivers and the mean length of these interactions were highly consistent at the group level from week 1 to week 2. Stated another way, the level observed in each group the first week was highly predictive of the level obtained in these groups the second week. For instance, the percentage of parents communicating with caregivers varied on the average over groups by less than 11% from week to week. Similarly, the length of conversations per group varied by an average of only 14 seconds from week to week.

In addition to occurrence and duration stability, the data in Table 6 reveals that conversations showed significant stability in 2 of the 5 tone of communication categories, spontaneity ($r = .80$, $p < .05$) and comfortableness ($r = .83$, $p < .05$). Both spontaneity and comfortableness ratings varied by less than .2 of a point from week to week on the 3-point scale.

Measures showing moderate stability. Tables 7-11

reveal moderately high levels of stability in the ratings of caregiver availability, noise level of the center, location of the communication, in the percentage of parent-caregiver communications initiated by center staff, and in the ratings of how useful the communications were regarded to be.

Concerning caregiver availability (see Table 7), except for one group (infant/toddler group in center 4), average differences in ratings of caregiver availability were less than .3 of a point from week to week on the 4-point scale. Caregiver availability in Center 4 varied from week to week because during week 2 a caregiver in that center was busy at pick-up time leading a toddler group through a musical recording. Elimination of that group's data from the analysis, however, still yielded a week 1 - week 2 correlation of only .55, NS.

Concerning noise level (see Table 8), there was limited variability across groups and most groups were judged to be quiet or of average noise levels. Estimates of noise level during week 1 were moderately predictive of noise levels one week later. Specifically, centers differed by an average of less than .3 of a point on the 3-point noise level rating scale, and were correlated significantly from week to week.

Regarding location of communication (see Table 9), the groups were also generally consistent from week to week in terms of the percentage of parents who interacted with the caregivers in the child's room, rather than in the hall, entrance way or elsewhere. That is, except for the preschool

Table 7

Mean Ratings of Caregiver Availability

Center	Time	
	1	2
1		
Infants/toddlers	1.6	1.2
Preschoolers	1.5	1.4
2		
Infants/toddlers	1.0	1.3
Preschoolers	1.1	1.0
3		
Infants/toddlers	1.8	1.9
Preschoolers	1.9	1.5
4		
Infants/toddlers	1.1	3.2
Preschoolers	1.1	1.5

Note. The caregiver availability rating was coded 1 = free to communicate, 2 = minor responsibilities, 3 = busy, but pauses to converse, 4 = "tied-up" with children or adults. Mean number of ratings for any one center by age group = 11.6 (Range = 11-12). Pearson correlation of Times 1 and 2, $r=.55$, NS when Center 4's infant/toddler group is omitted. (A caregiver during Time 2 was "tied-up" in leading a toddler group through a musical recording.)

Table 8

Mean Ratings of Center Atmosphere

Center	Time	
	1	2
1		
Infants/toddlers	1.9	2.3
Preschoolers	1.5	1.8
2		
Infants/toddlers	1.0	1.3
Preschoolers	1.0	1.1
3		
Infants/toddlers	1.6	1.8
Preschoolers	1.7	1.2
4		
Infants/toddlers	1.8	2.0
Preschoolers	1.8	1.6

Note. The center atmosphere rating was coded 1=quiet, 2=average noise level, 3=noisy. Mean number of ratings by age group = 11.6 (Range = 11-12). Pearson correlation of Times 1 and 2, $r=.70$, $p<.05$.

Table 9

Percentage of Times Communication is Located in the Child's Room at the Center.

Center	Time	
	1	2
1		
Infants/toddlers	0	0
Preschoolers	0	10
2		
Infants/toddlers	100	90
Preschoolers	100	11
3		
Infants/toddlers	46	33
Preschoolers	25	29
4		
Infants/toddlers	100	100
Preschoolers	92	100

Note. Mean number of location ratings per age group = 9.3
(Range = 4-12). Pearson correlation of Times 1 and 2, $r=.73$,
 $p<.05$.

group in center 2, the remaining centers varied by less than 7% from week to week in the percentage of parents talking with caregivers while in the child's room and group scores based on the one week retest period were significantly correlated.

Regarding center initiations of parent-caregiver communication (see Table 10), with one exception--center 3 preschool group, the pattern of percentages of center-initiated conversations found among groups in week 1 were fairly similar one week later. Specifically, when dropping the center 3 preschool group (which could be justified since it was based on only four parent-caregiver interactions during week 1, rather than the standard of six), the correlation from week 1 to week 2 for the remaining seven groups rose to .69, NS. Again, except for the center 3 preschool group, the variation in percentage of center-initiated conversations averaged only about 14 percent from week 1 to week 2.

The usefulness of communications (see Table 11), while not varying much between groups, nevertheless also appeared to be stable from week to week. Again, except for the center 3 preschool group, week-to-week ratings varied on an average by less than .1 point on the 5-point rating scale, and the correlation between the two time periods for the remaining seven groups rose to .64, NS.

The remaining variables which showed moderate consistency from Time 1 to 2 were the tone of communication

Table 10

Percentage of Center Initiated Conversations

Center	Time	
	1	2
1		
Infants/toddlers	91	80
Preschoolers	60	90
2		
Infants/toddlers	64	73
Preschoolers	80	75
3		
Infants/toddlers	55	44
Preschoolers	25	83
4		
Infants/toddlers	44	40
Preschoolers	17	46

Note. Mean number of interactions for any one age group = 9.3 (Range = 4-12). Pearson correlations of Times 1 and 2, $r = .69$, NS when Center 3's preschool group is omitted due to a small sample size of 4 cases during Time 1.

Table 11

Mean Ratings of Usefulness of Communication

Center	Time	
	1	2
1		
Infants/toddlers	1.6	1.6
Preschoolers	1.1	1.4
2		
Infants/toddlers	1.7	1.7
Preschoolers	1.6	1.5
3		
Infants/toddlers	1.6	1.6
Preschoolers	1.8	1.2
4		
Infants/toddlers	1.6	1.4
Preschoolers	1.5	1.5

Note. The useful information rating was coded 1 = not useful, 2 = somewhat useful, 3 = average usefulness, 4 = quite useful, 5 = extremely useful. See Appendix A, Part V, Section D-2 for a more detailed coding explanation. Mean number of interactions per age group = 9.3 (Range = 4 to 12). Pearson correlation of Times 1 and 2, $r=.64$, NS when Center 3's preschool group is omitted due to a small sample size of 4 cases during Time 1.

categories of warmth ($r=.45$, NS), informality ($r=.65$, NS), and relaxation level ($r=.66$, NS). The means of test and retest data are presented in columns B, C, and E of Table 6. Again, lack of variability of ratings contributed to lower correlations. Ratings on the 3-point scale for these three tone measures varied by less than .3 point from one week to the next.

Measures showing low stability. Finally, there were two measures which proved to be clearly unstable across the one-week retest interval: (a) the percentage of times the primary caregiver was involved in the parent-caregiver communication (see Table 12), and (b) the percentage of conversations that contained substantive content (see Table 13). Regarding involvement of primary caregiver, it is apparent from Table 12 that groups varied substantially among themselves, at both test and retest, in how often the primary caregiver was involved.

While there was somewhat less variability among groups in the percentage of conversations containing substantive content (see Table 13), there was no more consistency over time in the percentage of substantive conversations. In fact, when eliminating the data from the center 3 preschool groups (as had been done with other measures due to small sample sizes) there was a trend for groups to reverse their percentages of useful conversations from week 1 to 2 ($r=-.56$, NS). Further reflecting the instability of this measure is the finding that the percentage of conversations with substantive content varied on an average by 24% from week to week.

Table 12

Percentage of Times a Primary Caregiver is Involved in
Communication with a Parent

Center	Time	
	1	2
1		
Infants/toddlers	27	30
Preschoolers	00	10
2		
Infants/toddlers	46	13
Preschoolers	00	00
3		
Infants/toddlers	18	44
Preschoolers	100	14
4		
Infants/toddlers	00	70
Preschoolers	33	46

Note. Mean number of interactions per age group = 9.3 (Range = 4-12). Pearson correlation of Times 1 and 2, $r=.03$, NS when Center 3's preschool group is omitted due to a small sample size of 4 cases during Time 1.

Table 13

Percentage of Conversations with Substantive Content

Center	Time	
	1	2
1		
Infants/toddlers	73	50
Preschoolers	30	60
2		
Infants/toddlers	55	55
Preschoolers	100	38
3		
Infants/toddlers	64	33
Preschoolers	50	14
4		
Infants/toddlers	56	70
Preschoolers	58	73

Note. Mean number of interactions per age group = 9.3 (Range = 4-12). Pearson correlation of Times 1 and 2, $r = -.56$, NS when Center 3's preschool group is omitted due to a small sample size of 4 cases during Time 1.

IV. Discussion

Use of the Parent Caregiver Communication Checklist has allowed a more in-depth look at informal information exchange between parents and center staff. The checklist proved reliable, but requires concentrated training and practice to obtain satisfactory observer agreement. Without use of a tape recorder, omission of data was the main reliability concern (see Appendix A, p. 44). The majority of the collected data, however, proved reliable from across observers (see Tables 2 and 3) and from time to time (see Tables 4-13, A-1).

Test-retest correlations were particularly high in the case of the percentage of parents communicating with their caregivers and in the mean length of the communications. These high correlations, in turn, appear to be partly due to the large variability between groups at each time point. Apparently, centers are consistently different from each other in the extent to which parents and caregivers communicate with each other.

Conversely, the lower correlations involving the ratings of caregiver availability, noise and activity level of the center, location of the communication, usefulness of

communication, and percentage of communication initiated by the center staff appeared to be due primarily to the more limited variability in these measures across groups at each time period. In other words, while center groups appeared relatively stable from the point of view of little change in scores from week to week, they also were more similar to each other or these latter measures at each time period.

As an investigative tool, the Parent Caregiver Communication Checklist appears to have applicability beyond the assessment of parent-caregiver communication at drop-off and pick-up times. That is, it could be easily modified (i.e. the setting descriptors section would need to be adapted) to assess other elements of parent involvement, such as conferences and newsletters, to give a clearer perspective on how parent-center practices function in the transfer of information. Additionally, the checklist may have potential in assessing other caregiving settings, such as nursing homes, in which clients, family, and staff interact to form a support system.

REFERENCES

- Bales, R. F. (1950). Interaction process analysis: A method for the study of small groups. Cambridge: Addison-Wesley.
- Berger, E. H. (1981). Parents as partners in education: The school and home working together. St. Louis: C. V. Mosby.
- Borgatta, E. F., & Crowther, B. (1965). A workbook for the study of social interaction processes: Direct observation procedures in the study of individual and group. Chicago: Rand McNally.
- Bronfenbreener, U. (1974). Is early intervention effective? Vol. II: A report on longitudinal evaluations of preschool programs (DHEW Publication No. 74-25). Washington, DC: Office of Human Development.
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and Prospects. American Psychologist, 34, 844-850.
- Bronfenbrenner, U. (1977). Who cares for America's children? Times Educational Supplement (London), 3262, 15-17.
- Burns, J. (1982). The study of parental involvement in four federal education programs: Executive summary. Washington, DC: Department of Education, Office of

- Planning, Budget and Evaluation.
- Cook, T. D., & Campbell, D. T. (1979). Quasi-experimentation: Design and analysis issues for field settings. Boston: Houghton Mifflin.
- Endsley, R. C., & Bradbard, M. (1981). Quality day care: A handbook of choices for parents and caregivers. Englewood Cliffs, NJ: Prentice-Hall.
- Fein, G. G., & Clarke-Stewart, A. (1973). Day care in context. New York: Wiley.
- Goodson, B. D., & Hess, R. D. (1975). Parents as teachers of young children: An evaluative review of some contemporary concepts and programs. Washington, DC: Office of Education, Bureau of Educational Personnel Development. (ERIC Document Reproduction Service No. ED 136 967).
- Gordon, I. (1979). The effects of parent involvement on schooling. In R. S. Brandt (Ed.), Partners: Parents and schools. Alexandria, VA: Association for Supervision and Curriculum.
- Handler, E. (1971). Teacher-parent relations in preschool. Urban Education, VI (2/3), 215-232.
- Henderson, A. (Ed.). (1981). Parent participation-student achievement: The evidence grows. Columbia, MD: National Committee for Citizens in Education. (ERIC Document Reproduction No. ED 209 754)
- Hill, R. (1981). Whither family research in the 1980s: Continuities, emergents, constraints, and new horizons. Journal of Marriage and Family, 43, 255-257.

- Kantor, D., & Lehr, W. (1976). Inside the family. San Francisco: Jossey-Bass.
- Leler, H. (1983). Parent education and involvement in relation to the schools and to parents of school-aged children. In R. Haskins and D. Adams (Eds.), Parent education and public policy (Vol. 3, pp. 141-180). Norwood, NJ: Ablex.
- Mayeske, G. W. Okada, T., Cohen, W., Beaton Jr., A.E., & Wisler, C. E. (1973). A study of the achievement of our nation's students. Washington, DC: Department of Health, Education and Welfare.
- Melaragno, R. J., Keesling, J. W., Lyons, M. F., Robbins, A. F., & Smith, A. G. (1981). Parents and federal education programs: Vol. 1. The nature, causes, and consequences of parental involvement (Report No. TM-6974/004/00). Santa Monica, CA: System Development Corporation, Studies and Evaluation Department. (ERIC Document Reproduction No. ED 218 783)
- Mowry, C. (1972). Investigation of the effects of parent participation in Headstart: Non-technical report. Denver, Colorado: Midco Educational Associates. (ERIC Document Reproduction Service No. ED 080 216)
- Pink, J. E. (1981). Social networks among parents and caregivers in day care. Unpublished master's thesis, University of Georgia, Athens.
- Powell, D. R. (1977). Day care and the family: A study of interactions and congruency. Final research report of the

- Parent-Caregiver Project. Detroit: The Merrill Palmer Institute. (ERIC Document Reproduction Service No. ED 143 430)
- Powell, D. R. (1980). Toward a socioecological perspective of relations between parents and child care programs. In S. Kilmer (Ed.), Advances in early education and day care (Vol. I, pp. 203-226). Greenwich, CT: JAI Press.
- Revicki, D. A. (1981). The relationship among socioeconomic status, home environment, parent involvement, child self concept and child achievement. (ERIC Document Reproduction Service No. ED 206 645)
- Ruopp, R., Travers, J., Glantz, F., & Coelen, C. (1979). Children at the center: Vol. I. The national day care study. Cambridge, MA: Abt.
- Smiciklas-Wright, H., Peterson, F. C., & Peters, D. L. (1979). Day care nutrition programs and children's home diets. Child Care Quarterly, 8(1), 47-58.
- Sinclair, L. M. (1982). The relationship between parent-caregiver involvement and parents' feelings about leaving their children in day care. Unpublished master's thesis, Auburn University, Auburn, AL.
- Stearns, M. S. & Peterson, S. (1973). Parent involvement in compensatory education programs: Definitions and findings. Stanford Research Institute, Menlo Park Educational Policy Research Center. (ERIC Reproduction Service No. ED 088 588)

- Winkelstein, E. (1981). Day care/family interaction and parental satisfaction. Child Care Quarterly, 10, 334-340.
- Zigler, E. F., & Turner, P. (1982). Parents and day care workers: A failed partnership? In E. F. Zigler and E. W. Gordon (Eds.), Day care: Scientific and social policy issues (pp. 174-182). Boston, MA: Auburn House.

APPENDICES

Appendix A: Parent-Caregiver Communication
Checklist - Coding Manual

Appendix B: Parent - Caregiver Communication
Observer Training Program

Appendix A
Parent-Caregiver Communication Checklist
Coding Manual

I. Overview and Purpose

The purpose of the "Parent-Caregiver Communication Checklist" (see Figure 1) is to code conversation between parents and caregivers as children are dropped off and picked up from child-care facilities. Of primary concern is the content of conversation and who assumes responsibility for various topics of conversation. At issue is also how much information is exchanged and what types of communication are used to transfer information about children and adults between home and alternative care settings.

Thus, the checklist was developed as an evaluative research tool consisting of primarily two parts, a content and a structural component. The content component is self-evident as identified by the checklist content items found in Figure 1. The sub-areas include: (a) routine conversations and (b) substantive conversations--child, adult, and home/family focused topics.

The structural component is discussed in more detail since it is embedded in the coding system and is not as readily visible. The structure of parent-caregiver communication has been defined for the purposes of this study as identifying frequency, duration and responsibility for communication. Responsibility for communication, in turn, consists of three basic elements: (a) who's involved in the conversation, (b) who initiates discussion of content topics and (c) who gives or asks for information, evaluations and/or suggestions. The last element mentioned,

"gives or asks", was adapted from the task area of the widely used Interaction Process Analysis System (Bales, 1950; Borgatta & Crowther, 1965). The goal of the structural component is to determine parent and caregiver roles in the transfer of content.

Ratings are also obtained on usefulness of information, tone of interaction and setting constraints. This system, with slight modification, could be used for parent-caregiver (or teacher) conferences.

II. Nature of the Observational Checklist

This checklist is an event sampling measure. Within the transition time period of drop-off and pick-up, content and structure of parent-caregiver communication is noted based on occurrence. A description of the setting is also coded. Sequence is not coded. Verbatim conversation is recorded first, however. Thus, if desired, the data could later be coded for sequence and analyzed on a more qualitative basis.

In addition to the content and structure coding, other more subjective ratings are also noted. Usefulness of information and tone of interaction are measured on Likert-type scales.

III. Validity

To strengthen the checklist's content and external validity, the instrument was developed by first recording verbatim conversations in proprietary and laboratory school settings. Content topics were derived based on these verbatim conversations. Additionally, other research studies (e.g., Pink, 1981; Powell, 1977) and the general literature on parent involvement (e.g., Berger, 1981) was surveyed to provide an exhaustive list of content categories. Finally, several local university faculty, day care directors and parents were asked for their opinions of

the already chosen content topics and their suggestions of any others appropriate for inclusion.

After the checklist was in workable form, it was piloted by two observers in four different settings to check feasibility. The final checklist is a result of a number of revisions, such as adding or combining content categories and refinements in the process of coding.

IV. Reliability

Procedures for improving reliability: (a) care was taken to choose content items which encompassed the total set of possible topics of parent-caregiver communication in day care settings; (b) a highly-structured observer training program (see Appendix B) was implemented and behavioral and coding procedures that minimized change in instrumentation from setting to setting were chosen. The procedures forced the observers' attention on the interaction and lowered the distraction from environmental variables. Observers were also re-calibrated after completing approximately half of their observations by reviewing their coded checklists with the investigator, who acted as a coding standard.

(c) data collection was restricted to observers who remained blind to the hypotheses (the investigator did not collect observational data). Caregivers and parents also remained blind to the purpose of the study and knew only that observations were being collected on the beginning and ending of day care center days. Only the day care center director was informed of the study's focus and checklist procedures.

(d) reliability checks were made on observers during the pre-data collection phase and in the field with 8 of the 16 centers. Reliability levels are discussed in further detail later in this section and in Tables 2 and 3.

(e) data were aggregated so that group means on the center level were used rather than individual scores (Cook & Campbell, 1979).

Stability of interactions was also assessed by retesting 4 of the 16 day care facilities on the center level. Data were collected in 4 (2 a.m., 2 p.m.) visits rather than in 2 (1 a.m., 1 p.m.) visits in the retest centers. (See page 13 for more detail.)

A. Pre-Data Collection Reliability

Two groups of observers (4 observers per group) were trained using the procedures outlined in Appendix B. Reliability was checked with a standard (the investigator) on an average of 9.75 parent-caregiver interactions (Range 6 to 16) per observer in a preschool laboratory setting. Combining all categories the mean percent of agreement to the standard for the two groups was 77% and 79%, respectively (Range 73% to 83%). More specific reliabilities separated by categories can be found under the pre-data collection column in Tables 2 and 3.

Since some of the reliability checks were done prior to individually-targeted practice and since the in-field data collection reliability levels are somewhat higher (see Table 2), reliability levels were checked for the effect of training practice or use. The mean percents of agreement for early vs. later training are 75% and 81%, respectively. Table A1 further separates these reliability figures by observer and time. In general, it appears that additional practice does improve recording and coding ability.

B. In-Field Data Collection Reliability

Reliability levels were checked on seven of the eight observers during actual data collection in the field. Two observers with

high reliability levels during pre-data collection practice served as reliability checks. The overall mean percent of agreement for 12 interactions per observer was 85%, with a range of 78% to 94%. Table A1 separates the overall in-field mean percent of agreement by observer. For a breakdown of observer reliability by category see Tables 2 and 3.

In interpreting these reliability levels it should be explained that reliability levels drop substantially in content topics as parent and caregiver discussions cover three or more topics. (Up to seven different topics were discussed by caregivers and parents during reliability data collection.) On closer inspection, however, it was found that the low reliability levels were primarily due to omissions by one of the two reliability checkers. For the most part they were not due to omissions or errors on the part of the paired observer who did the data collection used for analysis, nor were they due to errors or omissions by the second reliability checker. Omissions on the part of the observer in question accounted for 83% of all omissions in conversations containing three or more topics. It seems that the high rate of omission was due to overconfidence on the part of the reliability checker. She began to code longer interactions based on memory rather than recording verbatim conversation in detail.

The discussion of three or more content areas did not pose a problem in pre-data collection reliability. Additionally, when omissions by the observer in question are controlled for, mean percent of agreement is 68% for three or more content topics, as compared to 87% for one or two content topics and 82% for all content topics combined. Therefore, the more detailed the conversation in terms of number of topics in the substantive area, the lower the reliability.

V. Coding Procedures

A. General Procedures

All occurring dialog between the target parent and the caregiver is coded. It has been found to be necessary to record conversation verbatim and then to immediately code based on the written dialog. The average time involved in coding one parent-caregiver interaction using this system is approximately five minutes.

The order of checklist completion (see Figure 1) follows:

- (a) fill in general checklist information (center #, date, observer #, observation order #, age group, day of week, and time of day)
- (b) record sex of parent and child, upon appearance.
- (c) note time interaction begins.
- (d) record conversation verbatim, noting speaker (P = parent, C1 = primary caregiver, C2 = secondary caregiver).
- (e) note time interaction ends, or is temporarily halted by intervening circumstances. In such cases, begin timing again when interaction resumes.
- (f) based on written dialog, code overall initiator, content and structure of communication. (See part V. sections B and C., respectively for instructions).
- (g) rate usefulness of information, setting description and tone of interaction. (See part V. section D.)
- (h) re-check coding sheet for any omissions.
- (i) fill in general observation information (see a above) on the next coding sheet.
- (j) focus attention on the next incoming parent. Repeat procedures b-j.

B. Coding Content Categories

The coder records a notation in the most appropriate content category if there is a change in the speaker or in the content category. Repetition of the same content topic is not coded (see part V. section E-1).

Example: Hi! How are you? (parent)
Well, good morning. I'm just fine. (caregiver)
Have you seen Jimmy's blue jacket? (parent)

	Parent	Caregiver
Coded: Greeting	✓	✓
Routine Matters	✓	

In Routine Conversations (see part V. section B-1) a simple check (✓) is marked. In Substantive Conversations (see part V. sections B-2 through 4) content topics are identified by marking the appropriate structural information in the content topic row. Coding of structural information is explained in more detail in the next section.

Example: We learned about pets today. (caregiver)
Oh! Karen has to help take care of her dog
Snappy at home. (parent)

	Parent	Caregiver
Coded: Child's program		GI
Child's home life	GI	

1. Routine conversations.

Greeting

- brief verbalization recognizing the other's presence during arrival or departure.

Examples: Hi! How are you?
See you later!

Small talk

- informal "chit-chat"

Examples: It sure is cold outside.
How cute your gerbil is!

- Routine matters - communication of everyday routine functioning. (Getting through the day "mundane" concerns.)
- Examples: I can't find his artwork.
Jimmy needs a change of clothes.
What time...
- General center information - communication concerning day care center rules, procedures, policies and practices. (These are generally decided by the director.)
- Examples: We'll be closed on Thanksgiving Day.
There's a late charge on pick-up after 6:00 p.m.
The menus are posted.

2. Substantive Conversations: Child focused.

- Child's day at the center (general) - communication of the day's happenings as related to center routines. This category takes into consideration the child's actual or anticipated behavior as related to the day care center routines.
- Examples: He ate very well today.
Sharon enjoyed playing outside today.
- Child's program - information about planned learning activities either at the center or center-related.
- Examples: We learned about shapes today.
We're going on a field trip to the farm next Thursday.
- Child's development - communication of the child's physical, emotional, cognitive or social progress.
- Examples: Jamie learned how to tie his shoe today.
Sharon is learning how to wait for her turn a little better.
- Child's relations with others (neutral, positive, negative) - communication of the child's social behavior with adults or children (Exception: Code child's relations with other family members under family relations.)
- Examples: Jamie, Jon and Trisha played together some today. (neutral)
Carol was so sweet today. She hugged Valarie after she tripped and fell. (positive)
Craig hit Josh with a building block this morning during free time. (negative)

Child's
general
behavior

- comments related to general behavior. (Code child's relations with others, child's day at the center, and child's program activities under identified headings elsewhere in the checklist, rather than here.)
- Examples: Trayka showed a real interest in bugs. (neutral)
Troy got a smiley face today because he was so good. (good)
Mike was in a bad mood most of the morning. Do you have any idea why? (bad)

Discipline

- comments related to techniques used to manage children's "negative" behavior.

Examples: Greg had to sit in his cubby today.
Don got a good spanking from his father last night.
How do I stop Kevin from biting?

Additional
child
rearing

- communication of techniques for raising children (parenting advice, strategies, informational facts, stimulation, values discussion) that are not disciplinary oriented in content.

Examples: That NUK pacifier is the best they make.
Try giving Janet simple directions to follow.

Child medical
and health

- communication related to the child's physical health (illness, injury, physical well being). Code emotional health comments under child's general behavior.

Examples: James had a sore throat this morning. If he runs a fever, call me.
I wanted to let you know that Martin came down with the mumps yesterday, so keep an eye on Phil.

Other child

- This category should be used whenever a parent or caregiver is discussing any child other than that parent's own child who is a member of the group you are currently observing. Therefore, comments about brothers, sisters and friends are coded here.

Examples: Troy's sister, Dawn, is 6 months old today.
Jay certainly has improved. (Tina's mother to caregiver.)

3. Substantive Conversations: Adult focused.

Job/school

- communication of adult employment, school or training of any nature.

Examples: I've been going to Athens Tech for typing.
Did you hear that Dupont is hiring again?

Financial
affairs

- discussion of adult money matters.

Examples: We can't afford to buy Jeff any new toys
right now.
The price of chicken certainly has dropped.

Marriage
relationship

- discussion of marital joys, concerns, interactions, marital status or child-related concerns that affect the marital relationship.

Examples: Jake (husband) usually tells me when something
is seriously bothering him.
I want you to know that David and I are
separating on a trial basis.

Caregiver-
parent
relationship

- discussion of feelings, friendship or shared activities between a parent and any caregiver or the center director that relates to their relationship.

Examples: (caregiver to parent) Would you like to go to
the flea market on Saturday?
I'm glad you're Christie's teacher.

Friendship

- discussion of friendship with other adults.

Exception: Friendship between parent and caregiver is
coded under previous category.

Examples: Joyce (parent), meet Karen (parent), Joy's mom.
I don't know what I'd do if Jane weren't such
a good friend.

Adult activi-
ties in the
center

- discussion related to the actions of any adult while in the child care facility.

Examples: Troy's mom showed us souvenirs from China.
Trina's mom helps out in the reading corner.

Adult activi-
ties outside
the center

- discussion of adult activities that occur outside of the child care facility.

Exception: Joint caregiver-parent activities are coded
under caregiver-parent relationships.

Examples: I had my hair done today.
I helped Ray's dad built a woodshed over the
weekend.

Adult medical
and health

- communication related to adult physical or emotional health or well being.

Examples: I'm on a diet again!
I have such a bad toothache.
I've decided to see a counselor.

4. Substantive conversations: Home/family focused

- Family relationships - discussion of feelings expressed about family members (brother and sister, son and father, etc.) At least one child must be included in a relationship discussion.
- Exception: Do not code husband-wife relations here, code under marriage relationship.
- Examples: My husband spends a lot of time with Jeff.
Jimmy and Dawn (brother & sister) are fighting all the time.
- Child's home life (general) - any reference to happenings at home that are mentioned about the child's daily home life. This category is similar to child's day at the center (general) but refers to child's home life.
- Examples: We popped popcorn together last Saturday.
Linda didn't eat any breakfast this morning.
- Family/child activities outside the center/home - any discussion of happenings involving either the family or the child that occur outside the center or the home.
- Examples: We went to the county fair over the weekend.
We've been taking Chris to the library.

C. Coding the Structural Component

The coder records a new notation if there is a change in the speaker or the structure (asks for information, gives suggestions). For information on handling repetitions, please see part V. section E-1.

1. Coding key for routine conversations.

- ✓ if occurs - for the four routine content categories (greeting, small talk, routine matters and general center information) simply place a check mark (✓) in the appropriate content row if that type of communication occurs.
- 1 initiates - the number one is used in conjunction with the other codes. It is used to identify who (parent, caregiver or director) begins the conversation in each different content category they discuss.

Example: P: Hi, Therese!
C: Hi! (calls child)

	Parent	Caregiver
Coding: Greeting	1	

- C inclusion of child - place the letter C in the appropriate content category row under the title of the person who attempts to include the child in the parent-caregiver interaction. At least three people (parent, child and caregiver) must be involved in order to correctly record C. This category should not be used to record conversation between a parent and a child or between a caregiver and a child. It is only to be used to record inclusion of the child so that all three parties are in some way involved.

Example: (parent) Jamie, tell Miss Laura "Hi."

	Parent	Caregiver
Coding: Greeting	C	

2. Coding key for substantive conversations*.

- 1 initiates (explained in previous section)
- C inclusion of child (explained in previous section)
- AI asks for information - This notation is marked when an individual makes a neutral request for information, facts, clarification, or repetition. The goal of a person using AI = finding out facts.

Examples of AI:

What did you do today in art?
How do kids learn their ABC's?

- GI gives information - This notation is marked when an individual gives information, facts, passes on communication, clarifies, explains meaning, or repeats.

Examples of GI:

Cindy listened to three stories today.
I heard that...
Yes, we did study farm animals last week.

- AE asks for evaluation - This notation indicates a request for an opinion, assessment, analysis, or an expression of feeling. The goal of a person asking for evaluation (AE) = asking for value judgment.

Key words to help you identify AE:

What do you think?
Tell me how you feel...
Go ahead, say what's on your mind.
I'd like your reaction to...
What's your opinion about...?

GE gives evaluation - This notation is marked when an individual gives an opinion, assessment, analysis, or expresses feelings or wishes.

Key words that help you identify GE:

I think...
 I wish I could... (evaluation of self)
 It's possible that...
 I feel that...
 In my opinion...

AS asks for suggestion - This notation is marked when an individual requests a suggestion for the purpose of needing a sense of direction, or asks for help. The goal of the person asking for suggestions (AS) = sense of direction or control.

Key words to help you identify AS:

What's my next step?
 What should I do to...?
 What can I get him to...?

GS gives suggestion - This notation is made when one individual identifies how to proceed for the other. Some degree of control or direction over the other is suggested.

Key words to help you identify GS:

I think we should try...
 Why don't you...
 Please try to...

D/H day care or home based conversations - Use the notations D or H only under the child-focused coding section. The letter D indicates conversation about the topic at the day care center, H indicates conversation about the topic at home. [e.g., discipline at day care center (D); discipline at home(H)].

*Please Note: The codes AI, GI, AE, GE, AS, GS have been adapted from Bales, R. F. (1950), Interaction process analysis: A method for the study of small groups. Cambridge: Addison-Wesley.

D. Coding of Additional Components

1. Duration.

Length of time of overall communication between a parent and caregiver.

Directions for use:

Record duration in minutes and seconds.

Example: 1:15 = one minute and 15 seconds.

2. Useful information rating.

The purpose of this rating is to identify the usefulness of the observed parent-caregiver communication. Is it purposeful? Does it either seek or relay pertinent information that will affect child, adult, family or center functioning. Is the discussion relevant to a better understanding of the child, adult, family or center?

Directions for use:

Record the number that best describes content usefulness:

- 1 = not useful (usually routine conversations, e.g., greetings, routine matters, or small talk)
- 2 = somewhat useful (1 or 2 minor, but helpful, pieces of information are exchanged, e.g., "Christy ate well today.")
- 3 = average usefulness (helpful information is shared)
- 4 = quite useful (a good deal of information is shared)
- 5 = extremely useful (necessary or very detailed and lengthy conversation occurs)
- 8 = can't tell

3. Setting description.

The purpose of this component is to help explain the setting conditions under which the observed parent-caregiver communication occurs. The setting description is broken down into four sub-categories.

- Category A: caregiver availability
- Category B: location of communication
- Category C: center atmosphere
- Category D: type of day

A. Availability (caregiver)

- 1. free to communicate
- 2. "minor" responsibilities, circulating among children
- 3. busy, but pauses to converse
- 4a. "tied-up" with children (i.e., engaged in structured group activity)
- 4b. "tied-up" with other adults (director, staff, parents, etc.)
- 5. other (explain)

B. Location of Communication

- 1. within own age group area
- 2. hallway or area leading to age group areas
- 3. in other age group areas
- 4. near entrance way of building
- 5. outside
- 6. other (explain)

C. Center Atmosphere

1. relatively quiet, calm, relaxed
2. average noise and activity level
3. noisy, hectic or rushed
4. other (explain)

D. Type of Day (at present time)

1. average, normal happenings
2. unusual incident, or special occasions

Directions for use:

Write the one number that best describes caregiver availability under:

A. _____ (see A #'s listed above)

Write the one number that best describes the location under:

B. _____ (see B #'s listed above)

Write the number that best describes the center atmosphere under:

C. _____ (see C #'s listed above)

Write the number that best describes the type of day under:

D. _____ (see D #'s listed above)

4. Tone of interaction.

This category is intended to capture the tone, atmosphere or "feeling" of the conversation between parent and caregiver.

Directions for use:

For each of the following items chose the number which best reflects the interaction tone.

A. spontaneous	1	2	3	controlled
B. warm, friendly	1	2	3	cool, distant
C. relaxed	1	2	3	anxious, tense
D. comfortable	1	2	3	uncomfortable
E. informal	1	2	3	formal

Record the information in the appropriate places as directed above:

A. _____ B. _____ C. _____ D. _____ E. _____

E. Exceptions and Special Cases

1. General procedures: Exceptions.

As noted earlier all occurring dialog between the target parent and the caregiver is recorded and coded. If a segment of conversation is missed, or not recorder verbatim, such information should be noted on the coding sheet by the observer.

Exceptions: a) repetitions and b) statements of confirmation such as yes, no, OK, really, and I don't know are not coded unless accompanied by content.

With reference to repetitions, if similar content or the same process is repeated by the same person while still discussing within the same content category, the repetition is not coded.

Example: Are the kids out in the hall? Are they still here? Did someone already pick up Keith?

Coded: Routine matters ✓(occurs)

Example: He dug a hole and tried to get to the water below, like at the beach. He got kind of dirty. Is that OK with you?
Oh, by the way, he ate a good lunch today.

Coded: Child's day at the center GI,AE (gives information, asks for evaluation)

In other words, two of the same coding notations will never occur on the same line for the same person. GI,GI is a repetitious manner of coding and is incorrect. One GI is sufficient. The same rules apply to initiation of a topic. Only one #1 (which indicates who initiated a topic) should appear on any one line. Repetitions are not coded.

With reference to the previously mentioned statements of confirmation, such as yes, that's great, fine, etc., they should not be coded.

Example: Jerry and I saw a great movie last night. (parent)
Really? (caregiver)

Coded: Adult activities outside the center GI (parent)

2. Special cases: No interaction.

If no communication whatsoever occurs between parent and caregiver:

- fill in general observation information (Center #, date, etc.)
- note sex of parent and child
- indicate 0 duration
- write "NO INTERACTION" across coding sheet
- complete Setting Description categories, A,B,C and D. Under B, the top B refers to parent location, the lower B refers to caregiver location
- continue on and observe the next entering parent.

Table A-1

Mean Percent of Agreement of Early vs. Later Training

Observer	Time of data collection			
	Early- pre	Later- pre	Overall- pre	Overall- in-field
1	-	78	78	82
2	-	77	77	94
3	71	80	75	81
4	79	90	83	81
5	79	81	80	-
6	75	76	75	87
7	69	79	73	84
8	80	79	79	78
Mean number of				
interactions	4.8	6.1	9.8	10.8
Range	3-8	3-9	6-16	5-12

Note. Observers 3 and 4 served as reliability checks of data collection in the field. Observers 1, 3, 7 and 8 collected 4-center data.

Number of interactions = 5

Appendix B
Parent-Caregiver Communication
Observer Training Program

The observer training program consists of 24 hours of instruction and practice plus an initial meeting and a final reliability check. Observers can be trained in a 2 week period (e.g., 3 days a week x 4-hour sessions each day) or the training period can be extended in order to allow more individualized practice.

The following format has been used. Eight observers were trained and assessed with a standard to obtain satisfactory pre-data collection reliability levels over all categories ($M = .78$, Range = .73 to .83). Revisions have since been made based on instructor and observer feedback to improve reliability.

Initial Meeting

Overview of research project, explanation of responsibilities, and completion of identification forms.

Orientation (4 hours)

The purpose of the orientation session is to familiarize the observers with day care settings to help reduce distraction during data collection.

Part 1: Introduction to Day Care (1 hour)

- A. basic types
 - 1. family day care
 - 2. center day care (federally-funded, proprietary, non-profit, cooperatives)
 - 3. preschools and compensatory programs
- B. a typical day care center daily schedule
- C. day care: what does it mean for the parents? for the child?
- D. the caregivers: who are they? what are their responsibilities?
- E. resources for further day care information

Handout #1 - Bibliography on General Day Care

Part 2: Day Care Program Visitation (1 hour)

Part 3: Introduction to Field Study (1 hour)

- A. definition
- B. the research process
- C. desirable characteristics of an observation measure
- D. research ethics

Part 4: Being a Good Observer (1 hour)

- A. observer role in the center
- B. center conduct
- C. avoiding problems generally associated with observational measures:
 - 1. inaccuracy
 - 2. subjectivity
 - 3. observer interference
 - 4. subject reactivity
 - 5. other reliability concerns

Reference - Bibliography on the Observational Method

Observer Skill Development - Content (4 hours)

During these skill development sessions, observers should improve their ability to focus on and record target conversations. Due to the complexity of the coding system, verbatim conversations must be recorded prior to coding. At the end of this section, observers should be able to record conversations and identify the embedded content areas. The instructor information for this and the remaining sessions can be found in the "Parent-Caregiver Communication Checklist Coding Manual" (Appendix A).

Part 5: On-site Recording of Verbatim Conversation (1 hour)

Part 6: The Content Component (1 hour)

Explanation of the content categories of the "Parent-Caregiver Communication Checklist".

Part 7: Skill Development - Content (1 hour)

- A. pencil and paper practice (see Handout #2, p.65)
- B. role play of communication, verbatim recording and content coding.

Handout #2 - Content Practice: Parent-Caregiver Dialog A

Part 8: On-site Content Practice

Observer Skill Development - Structure (4 hours)

Now that the observers have gained some skills in recording verbatim content, analysis of the structure of the conversation content begins. At the end of this section, observers should be able to identify who's involved in the conversation, who initiates discussion of content topics and who gives or asks for information, evaluations and/or suggestions.

Part 9: On-site Reemphasis of Recording Verbatim Conversation (1 hour)

Part 10: The Structure Component (1 hour)

Explanation of the structure categories and coding key of the "Parent-Caregiver Communication Checklist".

Part 11: Skill Development - Structure (1 hour)

- A. pencil and paper practice (see Handout #3, p.67)
- B. role play of communication, verbatim recording and structure coding.

Handout #3 - Structure Practice: Parent-Caregiver Dialog B

Part 12: On-site Structure Practice (1 hour)

Practice (4 hours)

During the following set of sessions, any remaining questions about coding content or structure should be clearly answered. Additionally, the remaining checklist components are discussed and practiced. Observers should now be able to complete the entire checklist.

Part 13: Review and Clarification (1 hour)

If desired, pencil and paper practice can be used to help review (see Handout #4, p. 69)

Handout #4 - Content and Structure Practice: Parent-Caregiver Dialog C

Part 14: On-site Combined Content and Structure Practice (1 hour)

Part 15: Explanation of Remaining Checklist Components

- A. duration
- B. useful information rating
- C. tone of interaction
- D. setting description
- E. special cases and exceptions

Part 16: Entire Checklist Practice (1 hour)

- A. via situation discussion
- B. via role playing

Reliability Practice (4 hours)

To help prevent faulty data collection procedure, the step-by-step process is discussed, practiced and a preliminary reliability check is conducted and then discussed. By the end of this section, observers should feel confident on how to conduct the observations on their own.

Part 17: Data Collection (1 hour)

Step-by-step explanation of the data collection process from entrance into the center until departure.

Part 18: On-site Complete Checklist Practice (1 hour)

Part 19: On-site Preliminary Reliability Check (1 hour)

Part 20: Targeting of Problem Areas (1 hour)

- A. report of reliability check
- B. discussion of problem areas

On-site Practice by Individual Needs (1-4 hours)

This time is allotted for remediating previously identified problems. Individuals may practice alone, in pairs, or 1-on-1 with the instructor until they are ready for the final reliability check which follows.

On-site Final Reliability Check (1 hour)

Observers should now be ready for data collection. Schedule additional practice for those with reliability coefficients below the acceptable level.

Handout #1

Bibliography

General Day Care

- Alston, F. K. (1984). Caring for other people's children. Baltimore: University Park Press.
- Breitbart, V. (1974). The day care book: The why, what, and how of day care. New York: Knopf.
- Caldwell, B. B. (1983). Issues in the quality of infant-toddler care. Young Children, 38(5), 48-50.
- Fowler, W. (1980). Infant and child care: A guide to education in group settings. Boston: Allyn & Bacon.
- Galinsky, E., & Hooks, W. H. (1977). The new extended family: Day care that works. Boston: Houghton Mifflin.
- Getz, S. K. (1980). Skills inventory for early childhood personnel. Child Care Quarterly, 9(2), 112-116.
- Glickman, B. M., & Springer, N. B. (1978). Who cares for the baby? Choices in child care. New York: Schocken Books.
- Jacobson, A. L. (1978). Infant day care: Toward a more human environment. Young Children, 33(5), 14-21.
- Liven, D. E. (1981). Nursery school is more than child care. Family Journal, 1(4), 7-13.
- Maier, H. W. (1982). To be attached and free: The challenge of child development in the eighties. Child Welfare, 61(2), 67-76.
- Parker, R. E., & Knitzer, J. (1972). Day care and preschool services: Trends and issues. Atlanta: Avatar Press.
- Robins, P. E., & Weiner, S. (Eds.). (1978). Child care and public policy. Lexington, Mass.: D.C. Heath.
- Robinson, N. M., Robinson, H. B., Darling, M. A., & Holm, G. (1979). A world of children: Day care and preschool institutions. Monterey, CA: Brooks/Cole.

Journals

The Child Care Quarterly
Day Care and Early Education

Handout #2

Parent-Caregiver Dialog A

Content Practice

Examples

Record Content Topics Below

- | | |
|--|-------------------------|
| 1. P: Hi! Here is the permission slip.
C: OK, thanks | 1. P:
C: |
| ----- | |
| 2. C: Martin has a small sore on his knee. He told me this morning it hurt and we put a bandage on it.
P: OK | 2. C:
P: |
| ----- | |
| 3. P: Did you have a nice time on the field trip? I brought some slides that show them milking the cows. There is 120. I know you won't use them all.
C: Thanks, the children will enjoy seeing these during group time.
P: We have a horse and the kids like to help me clean up the stall.
C: We watched them groom the horses. | 3. P:
C:
P:
C: |
| ----- | |
| 4. P: I went to see Golden Pond last night.
C: Was it good?
P: Great! But it's only going to be up until Thursday. | 4. P:
C:
P: |
| ----- | |
| 5. C: She had a little accident, right at toilet time.
P: Oh, she did?
C: It was no problem, but you will need to bring a clean change of clothes.
P: OK | 5. C:
P:
C:
P: |
| ----- | |
| 6. P: How did my daughter eat today?
C: Good. She drank all of her milk.
P: Has she been drinking milk here?
C: Yeah. | 6. P:
C:
P:
C: |
| ----- | |
| 7. C: He and Jamie went for the ball at the same time and they hit their heads together. He has a sore, but we put ice on it so it should be OK.
P: (to child) How does it feel now? | 7. C:
P: |
| ----- | |

Record Content Topics Below

8. C: She got a little paint on her. I
scraped what I could off. It should
wash out.

P: She never can keep herself clean. P:

9. C: He made clayballs, pancakes and
snakes today, and straw paper.
He's also been using different
markers more.

P: He said he liked doing the clay. P:

C: Oh! Really! I taught him to mold it
like this. He is beginning to asso-
ciate letters with words. He said
February begins with an F. He wrote
his name by himself the other day.
Did you know that?

P: No, we will have to work on this some
more at home. P:

Handout #3

Parent-Caregiver Dialog B

Structure Practice

Examples

Code Structure Below

	Parent	Caregiver
1. P: Hi! How's it going? C: Fine! The kids have been real good today.		
2. P: Have you noticed how Jimmy's holding his crayon? C: Why do you ask? P: Jimmy, show Miss Linda how you draw. (Child draws) He holds it like a golf club!		
3. P: What do you think about coloring books for kids? C: I think they're OK as long as they're used on a limited basis. Kids need lots of blank paper without already drawn figures. That way they get to use their own ideas.		
4. C: Jamie pulled Cindy's hair again today. P: Oh, no! Not again! How do I get him to stop?		
5. C: How'd it go? P: Exams are over. C: How'd you do? P: I don't know.		

Tricky Dialog

Code Content and Structure Below

Examples

	Content	Parent	Caregiver
1. C to Kevin's mother: Kevin bit John.			
2. Kevin's mother to C: How do I stop Kevin from biting?			
3. C to Kevin's mother: Kevin bit John so hard he drew blood. We washed it off well and bandaged it and it looks fine.			
4. C to John's mother: Kevin bit John.			

Code Content and Structure Below

Content	Parent	Caregiver
5. C to John's mother: Same as Kevin's mother.		
6. C to John's mother: Kevin was punished and we told his mother what happened.		

Handout #4

Parent-Caregiver Dialog C

Content and Structure Practice

Examples	Code Content and Structure Below		
	Content	Parent	Caregiver
1. P: Did she sleep well? C: She's doing fine. How's she sleeping at home? P: She sometimes wakes up in the middle of the night. I'm a little concerned that she's not getting enough sleep. C: I'll let you know if she's not sleeping well here.			
2. C: Did you know Carrie's now in my group? P: Yes. How'd she doing in group? C: Fine. We have new name tags now.			
3. P: She gets so excited about coming. C: Juan's popular with all the children.			
4. P: What are they doing? C: Exercising to a record.			
5. C: I heard her say please. C: (to child) That is good, Janine.			
6. C: Do you like your new apartment? P: Yes, it's small, but cheerful and comfortable. How is it where you live? C: We're at Tivoli. We like it a lot. It has...			
7. P: How's she doing in the afternoon? She's been a problem. She told stories last night. C: She's been fine. She's like a little teacher. I noticed she's gained quite a bit of weight. P: I know.			

Code Content and Structure Below

Content	Parent	Caregiver
8. C: Laura's never bad. She doesn't ever have to sit in her locker. Do you? (to child)		
P: (Smiles)		
9. P: How's she been doing overall? You haven't had to spank her, have you?		
C: She's real smart. She can tell what's wrong with different pictures.		

- | Content | Parent | Caregiver |
|---|--------|-----------|
| 8. C: Laura's never bad. She doesn't ever have to sit in her locker. Do you? (to child) | | |
| P: (Smiles) | | |
| 9. P: How's she been doing overall? You haven't had to spank her, have you? | | |
| C: She's real smart. She can tell what's wrong with different pictures. | | |

Reference

Bibliography

The Observational Method

- Heyns, R., & Lippitt, R. (1954). Systematic observational techniques. In G. Lindzey (Ed.), Handbook of social psychology (Vol. 1). Cambridge, MA: Addison-Wesley.
- Hutt, S. J., & Hutt, C. (1970). Direct observation and measurement of behavior. Springfield, Ill.: Thomas.
- Johnson, S. M., & Bolstad, O. D. (1973). Methodological issues in naturalistic observation: Some problems and solutions for field research. In L. A. Hamerlynck, L. C. Handy, & E. J. Marsh (Eds.), Behavior change: Methodology, concepts and practice.ampaign, Ill.: Research Press.
- Jones, R. R. (1972). Behavioral observation frequency data: Problems in scoring, analysis and interpretation. ORI Research Monograph, 12(3).
- Mash, E. J., & McElwee, J. D. (1974). Situational effects on observer accuracy: Behavior predictability, prior experience, and complexity of coding categories. Child Development, 45, 367-377.
- Reid, J. B. (1970). Reliability assessment of observational data: A possible methodological problem. Child Development, 41, 1143-1150.
- Sackett, G. P. (Ed.). (1978). Observing behavior (Vols. I & II). Baltimore, MD: University Park Press.
- Taplin, P. S., & Reid, J. B. (1973). Effects of instruction set and experimenter influences on observer reliability. Child Development, 44, 547-554.

Answer Key For Instructor Use
Parent-Caregiver Dialogs A, B and C

Parent-Caregiver Dialog A: Content Practice

1. P: greeting, routine matters
C: confirmations are not coded
2. C: child medical and health
P: confirmations are not coded
3. P: child's day at the center
child's program
C: child's program
P: family/child activities outside center/home
C: child's day at the center
4. P: adult activities outside center
C: small talk
P: small talk
5. C: child's general behavior (neutral)
P: confirmations are not coded
C: child's general behavior (neutral), routine matters
P: confirmations are not coded
6. P: child's day at center
C: child's day at center
P: child's day at center
C: confirmations are not coded
7. C: child's relations with others (neutral)
child's medical and health
P: adult talk to child only is not coded
8. C: child's day at center, routine matters
P: child's general behavior (negative)
9. C: child's day at the center, child's development
P: child's general behavior (positive)
C: child's program, child's development
P: child's home life

Answer Key (con't)

Parent-Caregiver Dialog B: Structure Practice

1. P: 1 ✓
C: 1 GE D
2. P: 1 AI
C: AI
P: C GI
3. P: 1 AE
C: GE, GI
4. C: 1 GI D
P: AS
5. C: 1 AE
P: GI
C: AE
P: GI

Parent-Caregiver Dialog B: Tricky Dialog

- | | |
|---|--------|
| 1. C: child's relations w/other (negative) | 1 GI D |
| 2. P: discipline | AS |
| 3. C: child's relations w/others (negative) | GI D |
| other child | GI D |
| 4. C: other child | 1 GI D |
| 5. C: child's medical and health | GI D |
| 6. C: other child | GI D |

Parent-Caregiver Dialog C: Content and Structure Practice

- | | |
|-------------------------------|--------|
| 1. P: child's day at center | 1 AE D |
| C: child's day at center | GE D |
| child's home life | 1 AE |
| P: child's home life | GI |
| child's medical and health | 1 GE H |
| C: child's medical and health | GI D |

Answer Key (con't)

- | | | |
|----|--|--------------|
| 2. | C: child's program | 1 GI D |
| | P: child's program | AE D |
| | C: child's general behavior | 1 GE D |
| | routine matters | 1 ✓ |
| 3. | P: child's general behavior (positive) | 1 GI D |
| | C: child's general behavior (positive) | GI D |
| 4. | P: child's program | 1 AI D |
| | C: child's program | GI D |
| 5. | C: child's general behavior (neutral) | 1 GI C |
| | P: (no response) | |
| 6. | C: small talk | 1 ✓ |
| | P: small talk | ✓ |
| | C: (same category - already checked) | |
| 7. | P: child's day at center | 1 AE D |
| | child's general behavior (negative) | 1 GE, GI H |
| | C: child's day at center | GE D |
| | child's general behavior (neutral) | 1 GI |
| | child's medical and health | 1 GE |
| | P: confirmations are not coded | |
| 8. | C: child's general behavior (positive) | 1 GE, GI D C |
| | P: (no verbal response) | |
| 9. | P: child's general behavior (neutral) | 1 AE D |
| | discipline | 1 AI D |
| | C: child's general behavior (positive) | 1 GE |
| | child's development | 1 GI D |